

# Financial Policy

Thank you for choosing us as your dental care provider. Our primary concern is that you receive appropriate treatment needed to restore and maintain optimal dental health. We realize the importance of good communication with our patients regarding treatment, the fees involved, and our financial policy. We ask that all patients read and sign the following financial policy.

## Payment Options

1. Cash
2. Debit/Credit Card
3. Personal Checks and Money Orders
4. Chews

## Insurance

We accept most dental insurance plans. We are happy to submit claims providing we have all the necessary information.

Please understand that:

1. Your insurance is a contract between you, your employer, and the insurance company. We are not a party to contract that.
2. We cannot render services on the assumption that an insurance company will pay the charges. **All charges are your responsibility** from the date the services are rendered.
3. Deductibles and copays are due at the time of service. We are not responsible for knowing whether or not you have a deductible through your insurance plan. Account balances exceeding 30 days will result in a monthly finance charge of 3.5%
4. Not all services are covered benefits in all contracts. Some insurance companies arbitrarily select certain services they will not cover.
5. Please update our office staff regarding any changes to your dental insurance policy so that we may process your claim in a timely manner.
6. Our office does not offer amalgam (silver) fillings. Most insurance companies will pay up to an amalgam rate for composite (tooth-colored) fillings. You will be responsible for the remaining amount.
7. We require a credit card on file for any outstanding balances. We will notify you 24 hours before charging an amount to the card. If you would like to pay off a balance with a different form of payment please notify the office within 24 hours of receiving a charge notification. If you need to change your form of payment on file, please notify us within 30 days of your last statement date.

**Our office policy requires 2 business days of notice for a cancellation. (ex. If you want to cancel for Tuesday then you will need to call on Friday morning). Failure to do so will result in a \$75.00 broken appointment fee. Appointments schedule longer than 1 hour will require a non-refundable \$100 deposit that will be applied toward your treatment cost.**

I, \_\_\_\_\_, have read and understand the following policies. I accept my financial responsibility and agree to abide by the terms outlined.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date